

Women's knowledge about the physical therapist's performance in women's health

Perfil do conhecimento de mulheres sobre a atuação do fisioterapeuta na saúde da mulher

Perfil de conocimiento de las mujeres sobre el papel del fisioterapeuta en la salud de la mujer

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ABSTRACT | This study aimed to evaluate the profile of knowledge of Brazilian women about the physical therapist's role in women's health. The women answered an online questionnaire containing: socioeconomic, demographic data, knowledge about the role of physical therapy in women's health, and current health conditions. Descriptive analyses were carried out to characterize the sample, levels of knowledge and self-report of pelvic floor dysfunctions, and the association between general knowledge, self-report of dysfunctions, and knowledge of the sub-areas of physical therapy in women's health. In total, 446 women from all regions of Brazil participated: 86.3% from the Southeast, 9.4% from the South, 1.6% from the Northeast, 1.3% from the Midwest, and 1.3% from the North. The mean age was 30.1±10.5 years; the self-report of pelvic floor dysfunctions was 20.4% urinary incontinence, 27.6% sexual dysfunctions, 25.8% intestinal symptoms, and 6.7% chronic pelvic pain. Of the participants, 61% had some knowledge about the role of physical therapy in women's health and 96.9% would like to know more about this specialty. Although many women are aware of this area, a minority has been referred to or has undergone specialized physical therapy treatment for women's health. There was a statistically significant association between the level of knowledge of women about the physical therapist's role in women's health with the self-report of pelvic floor dysfunctions and the level of knowledge of the sub-areas of performance.

Keywords | Women's Health; Physical Therapy Specialty; Pelvic Floor.

RESUMO | Objetivou-se avaliar o perfil do conhecimento de mulheres brasileiras sobre a atuação do fisioterapeuta na saúde da mulher. As participantes preencheram um questionário online contendo: dados socioeconômicos e demográficos, questões acerca do conhecimento sobre a atuação da Fisioterapia na Saúde da Mulher e das atuais condições de saúde. Foram realizadas análises descritivas para a caracterização da amostra, os níveis de conhecimento e o autorrelato de disfunções do assoalho pélvico e para a associação entre o conhecimento geral, o autorrelato de disfunções e o conhecimento das subáreas da Fisioterapia na Saúde da Mulher. Participaram 446 mulheres de todas as regiões do Brasil, sendo 86,3% do Sudeste, 9,4% do Sul, 1,6% do Nordeste, 1,3% do Centro-Oeste e 1,3% do Norte. A média de idade foi de 30,1±10,5 anos. O autorrelato de disfunções do assoalho pélvico foi de 20,4% de incontinência urinária, 27,6% de disfunções sexuais, 25,8% sintomas intestinais e 6,7% de dor pélvica crônica. Das participantes, 61% apresentavam algum conhecimento sobre a área da Fisioterapia na Saúde da Mulher e 96,9% gostariam de conhecer mais sobre essa especialidade. Apesar de muitas mulheres terem conhecimento sobre essa área, uma minoria já foi encaminhada ou realizou tratamento especializado de Fisioterapia na Saúde da Mulher. Houve associação estatisticamente significativa entre o nível de conhecimento das mulheres sobre a atuação do fisioterapeuta na saúde da mulher com o autorrelato de disfunções do assoalho pélvico e o nível de conhecimento das subáreas de atuação.

Descritores | Saúde da Mulher; Fisioterapia; Diafragma da Pelve.

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RESUMEN | El objetivo fue evaluar el perfil del conocimiento de las mujeres brasileñas sobre el rol del fisioterapeuta en la salud de la mujer. Las mujeres completaron un cuestionario en línea conteniendo: datos socioeconómicos y demográficos, cuestiones acerca de su conocimiento sobre el papel de la fisioterapia en la salud de la mujer y las condiciones de salud actuales. Se realizaron análisis descriptivos para caracterizar la muestra, los niveles de conocimiento y el autoinforme de disfunciones del suelo pélvico y la asociación entre conocimiento general, autoinforme de disfunciones y conocimiento de las subáreas de fisioterapia en la salud de la mujer. Participaron 446 mujeres de todas las regiones de Brasil, el 86,3% del Sudeste, el 9,4% del Sur, el 1,6% del Nordeste, el 1,3% del Medio Oeste y el 1,3% del Norte. El promedio de edad fue de 30,1±10,5 años;

el autoinforme de disfunciones del suelo pélvico fue del 20,4% de incontinencia urinaria, el 27,6% de disfunciones sexuales, el 25,8% de síntomas intestinales y el 6,7% de dolor pélvico crónico. De las participantes, el 61% tenía algún conocimiento sobre el área de la fisioterapia en la salud de la mujer y al 96,9% le gustaría saber más sobre esta especialidad. Aunque muchas mujeres conocen esta área, una minoría ha sido derivada o ha recibido tratamiento fisioterapéutico especializado para la salud de la mujer. Hubo una asociación estadísticamente significativa entre el nivel de conocimiento de las mujeres sobre el papel del fisioterapeuta en la salud de la mujer con el autoinforme de disfunciones del suelo pélvico y el nivel de conocimiento de las subáreas de desempeño.

Palabras clave | Salud de la Mujer; Fisioterapia; Diafragma Pélvico.

INTRODUCTION

The Federal Council of Physical Therapy and Occupational Therapy (COFFITO) recognized the specialty of Physical Therapy in Women's Health via Resolution No. 372 of November 6th, 2009¹. The physical therapist working in women's health assists in female life cycle (childhood, pregnancy, labor, childbirth, postpartum, climacteric, and aging), covering the sub-areas of urogynecology, coloproctology, gynecology, obstetrics, and mastology².

The prevalence of pelvic floor dysfunctions is especially high in women. About 26% of adult women in developing countries have urinary incontinence³, about 1.6% to 6.2% of women have fecal and anal incontinence⁴, premenopausal women have a 41% prevalence of sexual dysfunctions worldwide⁵, and there is a 5.7% to 26.6% prevalence of chronic female pelvic⁶.

The role of Physical Therapy in pelvic floor dysfunctions and in the female life cycle comprehends very specific evaluation methods and treatments, namely: manual therapy techniques, muscle stretching and relaxation, electrical stimulation and biofeedback, bladder training, kinesitherapy of the pelvic floor muscles, and the use of specific questionnaires to evaluate different dysfunctions and their impact on women's quality of life⁷⁻¹¹.

However, we have no information on the knowledge of Brazilian women about the role of physical therapy in women's health. Thus, this study may show to professionals the gaps and necessary strategies to better disseminate this knowledge to the female population.

Thus, this study aims to evaluate the knowledge of Brazilian women about the role of physical therapy in women's health.

METHODOLOGY

This is a descriptive cross-sectional study, conducted in an online format (questionnaire) with women from all over Brazil, from May 2019 to August 2020. The study was assigned to the Women's Health Research Laboratory (LAMU) of the Department of Physical Therapy of the Federal University of São Carlos (SP), Brazil. The questionnaire was available online, via the Google Forms platform.

All participants consented to participate in the research via an informed consent form. The form was available online and a copy was sent to each participant after their response (agreeing or not to participate in the survey).

The inclusion criteria were: being female, aged over 18 years, being literate, having access to the internet, and not working professionally in healthcare.

The women answered objective questions about socioeconomic and demographic data, knowledge about the role of Physical Therapy in Women's Health and their current health conditions (related to the main pelvic floor dysfunctions). The research and the links to the questionnaire and the consent form were spread via social networks.

Two physical therapists with working experience in Physical Therapy in Women's Health created the questionnaire, the evaluation content, and performed the

analyses. The questionnaire was divided into two parts: the first consisting of 14 multiple-choice questions related to sample characterization and the participants' current health condition (by structured and specific questions about the physical therapist's role in women's health) and a question related to the participants' age, with the choice of a written answer; and the second consisting of 11 multiple-choice questions (with options of dichotomous answers "yes" or "no") related to the knowledge of women about the physical therapist's role in women's health. All multiple-choice questions allowed only one answer. The questionnaire was disclosed to the participants after a pilot test.

Statistical analyses

The data were analyzed in the SPSS software program by descriptive frequency analyses, and, in cases of quantitative variables, the data were arranged in mean±standard deviation. The chi-square test was used for the analyses of the association between the level of general knowledge, the self-report of dysfunctions, and the knowledge of sub-areas of specific activities. A 5% significance level was adopted.

RESULTS

In total, 449 women from all regions of Brazil participated in the study. After analyzing the inclusion criteria, three women were excluded (one was aged under 18 years and two did not live in Brazil). Thus, the responses of 446 women were used in the analysis.

Women's profile

Age ranged from 18 to 70 years, with a mean of 30.1±10.5 years. Out of the 446 participants, 385 (86.3%) were from the Southeast, 42 (9.4%) from the South, seven (1.6%) from the Northeast, six (1.3%) from the Midwest, and six (1.3%) from the North.

Table 1 shows data on sample characterization and the participants' health condition, which involves the performance of Physical Therapy in Women's Health.

Table 1. Characterization and health condition of the women participating in the research

Characterization	Total n (%)
Women's characterization	
1 - Education	
Elementary school (incomplete or complete)	3 (0.7)
High school (incomplete or complete)	47 (10.5)
Technical education (incomplete or complete)	10 (2.2)
Higher education (incomplete or complete)	386 (86.5)
2 - Monthly family income (mean)	
None	15 (3.4)
Up to 3 minimum wages	99 (22.2)
3 to 5 minimum wages	137 (30.7)
5 to 8 minimum wages	107 (24)
More than 8 minimum wages	88 (19.7)
3 - Occupation	
Yes (self-employed or with formal registration)	307 (68.8)
No (eventual freelancers or no paid activity)	139 (31.2)
4 - Children	112 (25.1)
5 - Pregnant	8 (1.8)
6 - Frequency with which you have access to news, reports, and information via the Internet, television, or other media	
All day long	301 (67.5)
Many hours during the day	61 (13.7)
Some hours during the day	57 (12.8)
Few hours during the day	27 (6.1)
7 - Health network for consultations, treatments, and health examinations	
Brazilian Unified Health System (SUS)	134 (30)
Health insurance plan	253 (56.7)
Private	45 (10.1)
Participatory plans	14 (3.1)
Questions about the participants' health condition	
8 - Do you lose urine at some point during your day (while coughing, sneezing, picking up weight, or being unable to hold it), even in small amounts?	91 (20.4)

(continues)

Table 1. Continuation

Characterization	Total n (%)
Questions about the participants' health condition	
9 – Do you experience any kind of pain or discomfort during sexual intercourse?	123 (27.6)
10 – Do you have unintentional constipation or leak of stool?	115 (25.8)
11 – Have you had pain in the pelvic (hipbones) or abdominal area for more than six months?	30 (6.7)
12 – Have you ever been diagnosed with any type of gynecological cancer?	2 (0.4)
13 – Have you ever been diagnosed with breast cancer?	2 (0.4)

Table 2 shows data on the knowledge of women about physical therapy in women's health.

Table 2. Knowledge of women about the physical therapist's role in women's health

Questions	Total (YES) n (%)
1 – Have you heard about the physical therapist's role in women's health, or urogynecology in general?	272 (61)
2 – Do you know, have heard of, or believe that the physical therapist can work in prenatal care, labor and childbirth, or postpartum?	358 (80.3)
3 – Do you know, have heard of, or believe that the physical therapist can act in cases of urine loss (urinary incontinence), even in small amounts, during efforts (bending over, carrying weight, working, cleaning, among other activities) or in other situations of daily life (when hearing water noise, during intercourse, or being unable to hold it)?	349 (78.3)
4 – Do you know, have heard of, or believe that the physical therapist can act in cases of sexual dysfunction (pain during or after sexual intercourse, difficult penetration, etc.)?	283 (63.5)
5 – Do you know, have heard of, or believe that the physical therapist can act in cases of involuntary fecal leak (fecal incontinence) or constipation?	262 (58.7)
6 – Do you know, have heard of, or believe that the physical therapist can act in cases of abnormal sensation of the structure or function of the pelvic organs (sensation of some organ exiting the vagina, for example)?	240 (53.8)
7 – Do you know, have heard of, or believe that the physical therapist can act in cases of gynecological or breast cancer?	213 (52.2)
8 – Have you been referred for physiotherapeutic urology or gynecology treatment?	27 (6.1)
9 – Have you ever undergone physiotherapeutic urology or gynecology treatment?	33 (7.4)
10 – Do you think Physical Therapy in Women's Health is important?	444 (99.6)
11 – Would you like to know more about the role of Physical Therapy in Women's Health?	431 (96.9)

Table 3 shows data from the analysis of the association between participants who reported having general knowledge of Physical Therapy in Women's Health, with the self-report of pelvic floor dysfunctions and knowledge of specific sub-areas.

Table 3. Analyses of the association between participants who reported having general knowledge of Physical Therapy in Women's Health, with the self-report of pelvic floor dysfunctions and knowledge of specific sub-areas

Characteristic	n (%)	P-value
General knowledge × Self-report of pelvic floor dysfunctions		
Urinary incontinence	57 (21)	0.00
Sexual dysfunction	75 (27.6)	0.00
Constipation or fecal incontinence	65 (23.9)	0.00
Chronic pelvic pain	17 (6.3)	0.00
General knowledge × Knowledge of sub-areas of activity		
Prenatal care, labor, childbirth, and postpartum	254 (93.4)	0.00
Urinary incontinence	260 (95.6)	0.00
Sexual dysfunctions	255 (82.7)	0.00
Constipation or fecal incontinence	211 (77.6)	0.00
Pelvic organ prolapses	196 (72.1)	0.00
Gynecological or breast cancer	170 (62.5)	0.00

DISCUSSION

This research allowed analyzing the profile and knowledge of Brazilian women about the physical therapist's role in women's health in Brazil.

We found a statistically significant association between the level of knowledge of Brazilian women and self-reported pelvic floor dysfunctions and knowledge of the physical therapist's sub-area in women's health. This study showed that over half participants (61%) have some knowledge about the existence of Physical Therapy in Women's Health. Practically all women (99.6%) think that acting in this area is important and 96.9% would like to know a little more about this specialty. Although some women have reported urogynecological dysfunctions, part of them are unaware that physical therapy can treat such dysfunctions.

COFFITO¹ recognizes Physical Therapy in Women's Health as a specialty, which includes the performance in urogynecology, sexuality, obstetrics, coloproctology, and mastology. Besides, systematic reviews show the importance of physical therapy in the awareness and performance of correct contraction of pelvic floor muscles¹², in the prevention and treatment of urinary incontinence, improvement of the quality of life of women with this condition^{9,13,14}, in the prevention and treatment of women with fecal incontinence¹⁵, in the application of techniques during pregnancy¹⁶ and puerperium¹⁷, in the use of non-pharmacological resources and biomechanics during labor^{18,19}, and in the treatment of breast and gynecological cancer^{20,21}. Thus, based on the literature, the physical therapist's role in women's health is greatly significant. Notably, team assistance promotes even better results. This way, professionals working in general healthcare can increasingly seek multidisciplinary care to improve service and expand possible treatments for women²².

As noted, most women who participated in the survey have access to news, reports, and information via the Internet, television, and other media. However, a study²³ identified that traditional advertising strategies, such as posters, flyers, life-size mannequin ads, and the use of TV screens in waiting rooms, were not effective in disseminating knowledge in healthcare.

Currently, there is debate about the scientific basis for clinical decision-making or knowledge dissemination. Visibility and knowledge of Physical Therapy are gaining space every day, however, what is most important is not the amount of information that reaches the population, but its quality. Evidence-based marketing should be considered a component of service development, as it can increase the population's awareness of physical therapists' role in the health system, promote effective team-based care, and create realistic expectations in treatment prognosis²⁴.

This study analysis of associations showed that, among women who had already reported having some knowledge of the role of Physical Therapy in Women's Health, there is a higher level of knowledge of certain sub-areas of the physical therapist's role in women's health, identifying gaps to be filled so that all sub-areas of activity can reach the entire population similarly. Moreover, the level of women's general knowledge about the physical therapist's role in women's health had a statistically significant association with self-reported pelvic floor dysfunctions. Thus, if women can identify the dysfunction and if the information of the physical therapist's role in these

dysfunctions reaches them, this may be a gateway to the search for early treatments.

We can mention, as limitations of this research, that, because it was conducted via online questionnaire, it could not reach all women living in peripheral regions and without access to the Internet, justifying the need for new studies that allow greater coverage of territory and population. In some regions, a small number of participants were reached, making it impossible to generalize the results. Furthermore, most of the sample has higher education, which is not consistent with most of the population's current condition. Nevertheless, this is the first study that identified the profile of knowledge of Brazilian women about physical therapists' role in women's health.

CONCLUSION

We found a statistically significant association between the level of knowledge about the physical therapist's role in women's health with self-report of pelvic floor dysfunctions and the level of knowledge of the sub-areas of activity. Moreover, although most women have some knowledge about the role of Physical Therapy in Women's Health, many reported pelvic floor dysfunctions and a minority have already been referred to or underwent specialized physical therapy treatment in women's health.

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